



# International Visitors Program (IVP) Application

Please provide the following information

Name of requesting agency or organization:

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Mailing address

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Contact information (including country and city code):

Telephone number (    )	Fax number (    )	E-mail
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Date(s) requested for visitation:

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Number of visitors: \_\_\_\_\_

**Note.** Complete page 2 providing the name, date of birth, title of position, education and employment background, and language proficiency for EACH participant.

Will an interpreter accompany participant(s):  Yes  No

Purpose of visit:

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## Instructions

Submit the completed application to IRS International Visitors Program 950 L'Enfant Plaza SW Rm. 4419, Washington, DC 20024 or fax to: (202) 874-1838. If you have any questions or wish to discuss the program before submitting the written request, please call (202) 874-1350 Monday - Friday, 8:00 a.m. - 4:30 p.m. Eastern Standard time.



# International Visitors Program (IVP) Application List of Participants

Please complete for each participant.

Is this participant head of Delegation?

Name: \_\_\_\_\_  Yes  No

Title of Position: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ / \_\_\_\_\_

Employment Background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education Background:

Language Proficiency:

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# International Visitors Program (IVP) Application Topics Requested

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*Limited to no more than 3 for each day of visit.*

**Topic I** \_\_\_\_\_

Please provide a brief description of topics' important to your tax administration:

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Please provide specific questions to be addressed by speakers:

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**Topic II** \_\_\_\_\_

Please provide a brief description of topics' important to your tax administration:

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Please provide specific questions to be addressed by speakers:

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**Topic III** \_\_\_\_\_

Please provide a brief description of topics' important to your tax administration:

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Please provide specific questions to be addressed by speakers:

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**Note:** *If you need additional pages, please duplicate as many pages as needed.*